Correspondence

**Desmoplastic mesothelioma**

Sir,—Dr T Machin and colleagues (February 1988;43:155–6) provide a useful platform for the discussion of the critical histopathological assessment of mesotheliomas and their subtypes, particularly the desmoplastic variant. They correctly emphasise the difficulties of diagnosis with small biopsy specimens but are misleading in their assertion that desmoplastic mesothelioma is a variant of the sarcomatous type of mesothelioma. We have recently completed a necropsy study of 40 pleural mesotheliomas from Glasgow shipyard workers and have found desmoplastic areas to occur as frequently in otherwise pure epithelial types of tumour as in sarcomatous types. We would therefore emphasise most strongly that desmoplasia in itself gives no indication of the histological appearance of other areas of the mesothelioma in question.

We note that the assumptions of Dr Machin and colleagues are based on biopsy specimens alone, which we would hardly deem adequate sampling for the accurate subclassification of a tumour that is known for its histological heterogeneity.1

Adams and Unni2 are misrepresented in this short report of Dr Machin and colleagues on two occasions. Firstly, Adams and Unni did not suggest that the desmoplastic tumour was a variant of the sarcomatous type; indeed they noted epithelial elements in two of their five desmoplastic tumours and reported that desmoplastic components were present in all three of their mesotheliomas with a predominantly tubopapillary pattern. Secondly, although Adams and Unni did not indicate the proportion of their cases with bony metastases that were either desmoplastic or sarcomatous, they did note that five of their six patients with bony metastases showed either one pattern or the other, suggesting that metastasis to bone is not rare with this pattern of mesothelioma.